

Name
in
Full

W. J. Shur Adkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month 7	Day 29	Age	Years	Months	Days	
Sex male	Color or Race white		Birth-place Md.				
Married, Single or Widowed			Occupation —				
Name of Wife or Husband							
Father's Name		E. J. Adkins			Father's Birthplace	2nd.	
Mother's Maiden Name		Sarah Rynd 12			Mother's Birthplace	2nd.	
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Fever & Gran. Exhaustion	How long	4 weeks
	Immediate		How long	some days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. H. Willits	
		Address	Pocomoke City	
Accident or Suicide?				



Name
in
Full

Mrs. Annie Birch

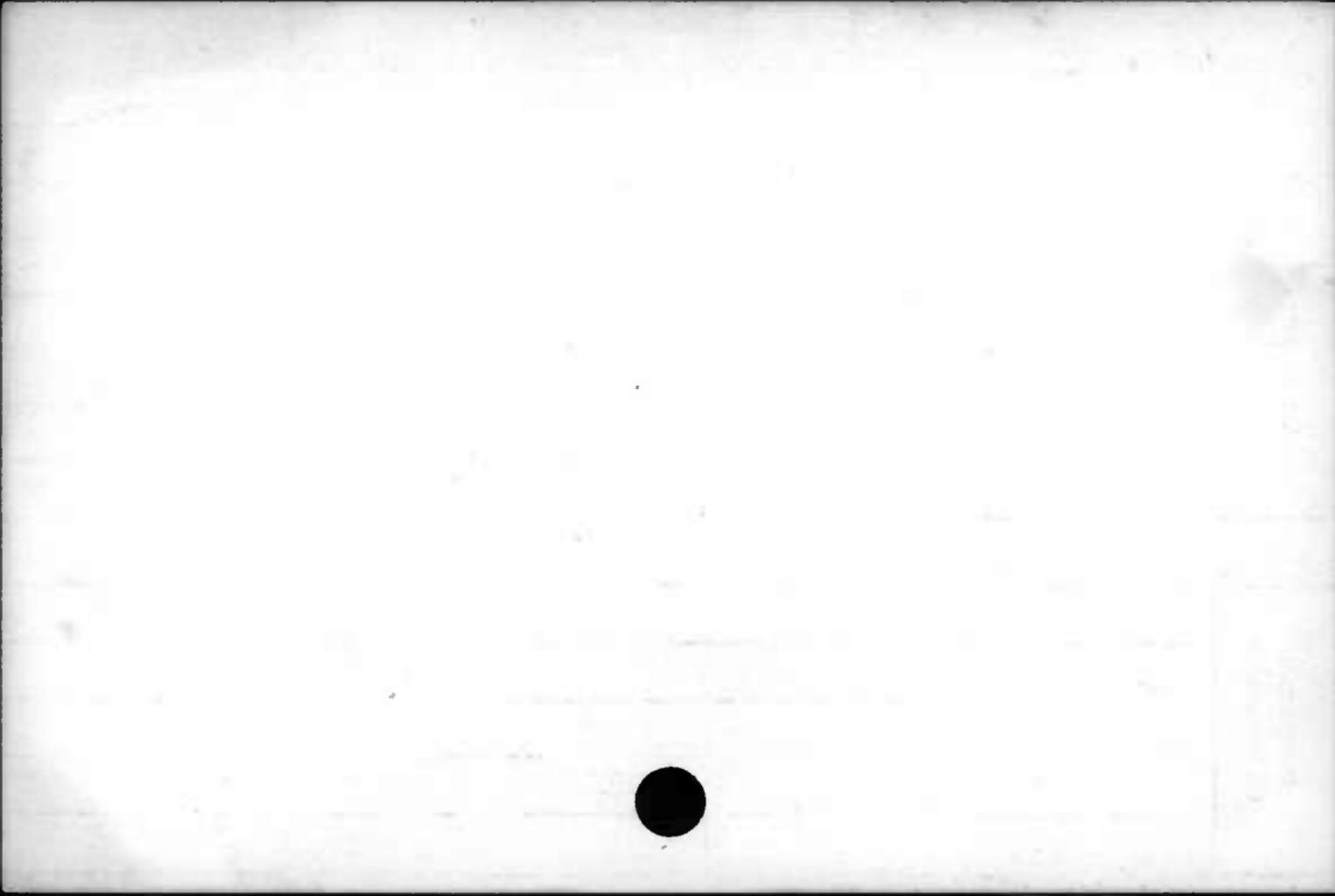
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth- place			
Married, Single or Widowed	Occupation					
Name of Husband	Littleton Birch					
Father's Name	Thos White			Father's Birthplace		
Mother's Maiden Name	Susan White			Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

Primary Physician OR CORONER	Pyphoid Fever	How long
	Emfation	How long
immediate		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Mrs. Karl Boettcher

CERTIFICATE OF DEATH

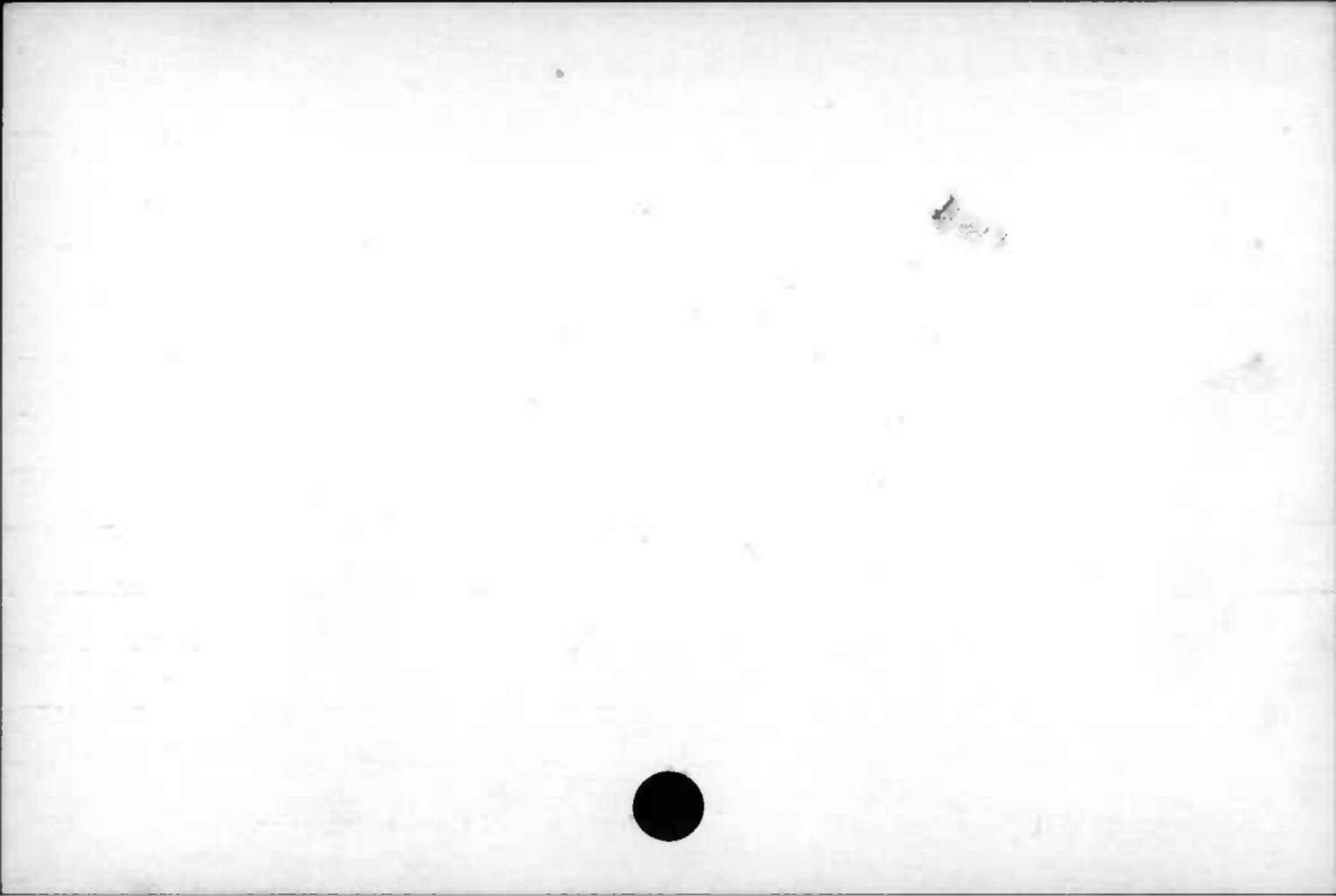
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month 7	Day 10	Years -	Months 8	Days 27	
Sex Male	Color or race	White		Birth-place Snow Hill, Md.		
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Mrs. Boettcher			Father's Birthplace	Germany	
Mother's Maiden Name	Heath			Mother's Birthplace	North Carolina	
Name of person giving information	Mrs. Mrs. Boettcher			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteric - Colitis		How long
Immediate	105		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. H. Strang Jr. M.D.
		Address	Snow Hill. Md.
Accident or Suicide?			



Name
in
Full

John Henry Birmingham

CERTIFICATE OF DEATH

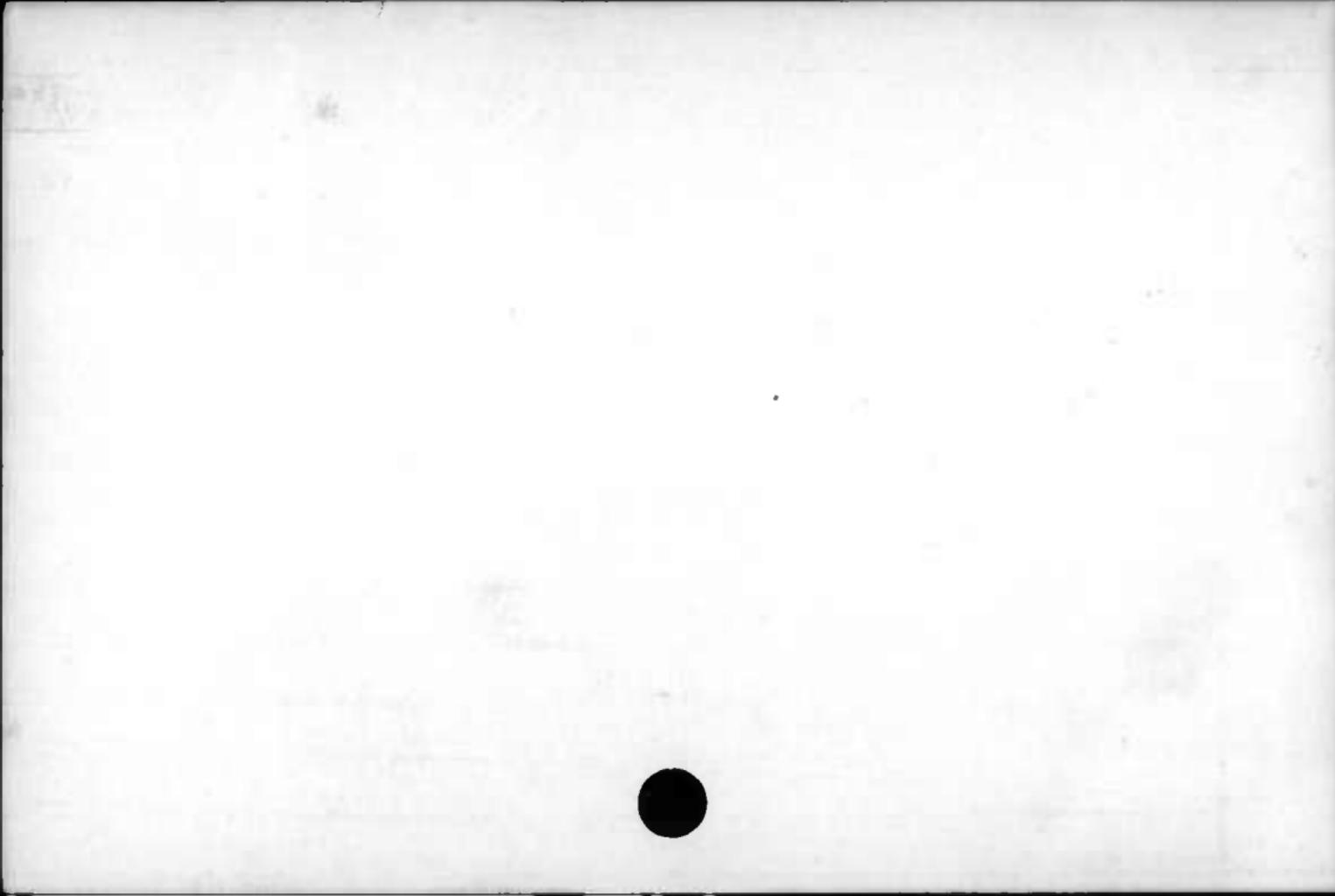
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1903	Month July	Day 3	Years 71	Months	Days 15
Sex	Male	Color or Race	Blind	Birth- place	Accomac Va	
Married, Single or Widowed	Spouse		Occupation	Farmer		
Name of Wife or Husband	Sarah M Birmingham					
Father's Name	James Birmingham		Father's Birthplace	Accomac Va		
Mother's Maiden Name	Dont Know		Mother's Birthplace			
Name of person giving Information	P. H. Showford		How related to deceased	Son in law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Smility	10	How long 2 weeks
Immediate	ys		How long
Are the name, age, sex, color, date and place correctly given above?	ys	Signature of Physician	Place Hand Pocomoke City Md
		Address	Pocomoke City Md
Accident or Suicide?			



Name
in
Full

Henry Clay Cormaway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1903	Month July	Day 11	Age 59	Years	Months 4	Days 13
Sex Male	Color or Race white	Occupation Postmaster	Birth-place Millsborough Del.			
Married, Single or Widowed Married	Name of Wife or Husband Annie G. Cormaway			Father's Name H. C. Cormaway	Father's Birthplace Millsborough	Mother's Birthplace Berlin Md
Mother's Maiden Name A. G. Irillin	Name of person giving information H. C. Cormaway Jr. 104			How related to deceased Son.		
CAUSES OF DEATH						

Primary Inflammation of Stomach & Bowels How long 3 years
Immediate General debility How long 5 weeks

Are the name, age, sex, color, date and place correctly given above?

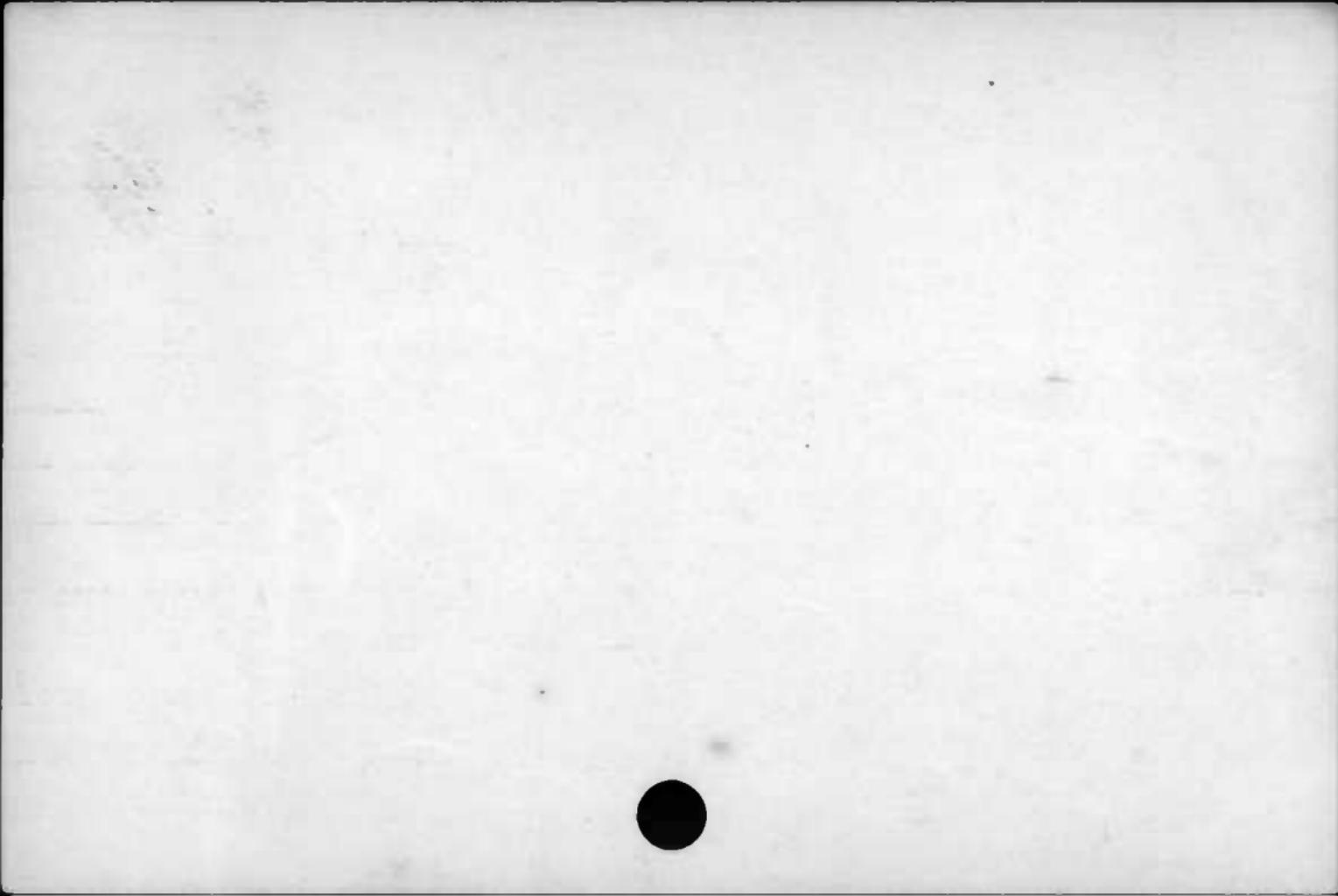
Yes

Signature of Physician

Address

H. C. Cormaway M.D.
Berlin Md.

Accident or Suicide?



Name
in
Full

Sarah A. Dickinson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pocomoke</u>		Town <u>CIS</u>	County <u>Wicomico</u>	MARYLAND		
Date of death 1903	Month <u>July</u>	Day <u>28</u>	Years	Months	Days	<u>25</u>
Sex <u>female</u>	Color or Race <u>col</u>	Occupation				Birth-place <u>Pocomoke</u>
Married, Single or Widowed	—					
Name of Wife or Husband	—					
Father's Name	<u>Wm Breckinr</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name	<u>Lena Redden</u>		Mother's Birthplace <u>Pocomoke</u>			
Name of person giving information	<u>Sarah A. Redden</u>		How related to deceased <u>Grandmother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate Gastritis 151

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes Dr. Smith M.D.

Pocomoke City

Accident or Suicide?



Name
in
Full

Ellishey Franklin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Berlin

County.
Worcester

MARYLAND

Date of death 1903	Month July	Day 10	Years	Months	Days
--------------------	------------	--------	-------	--------	------

Sex Male

Color or Race Black

18

Birth-place Berlin

Married, Single
or Widowed

Occupation

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

Mary Franklin
James Spence

Berlin
uncle

CAUSES OF DEATH

Primary

179

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

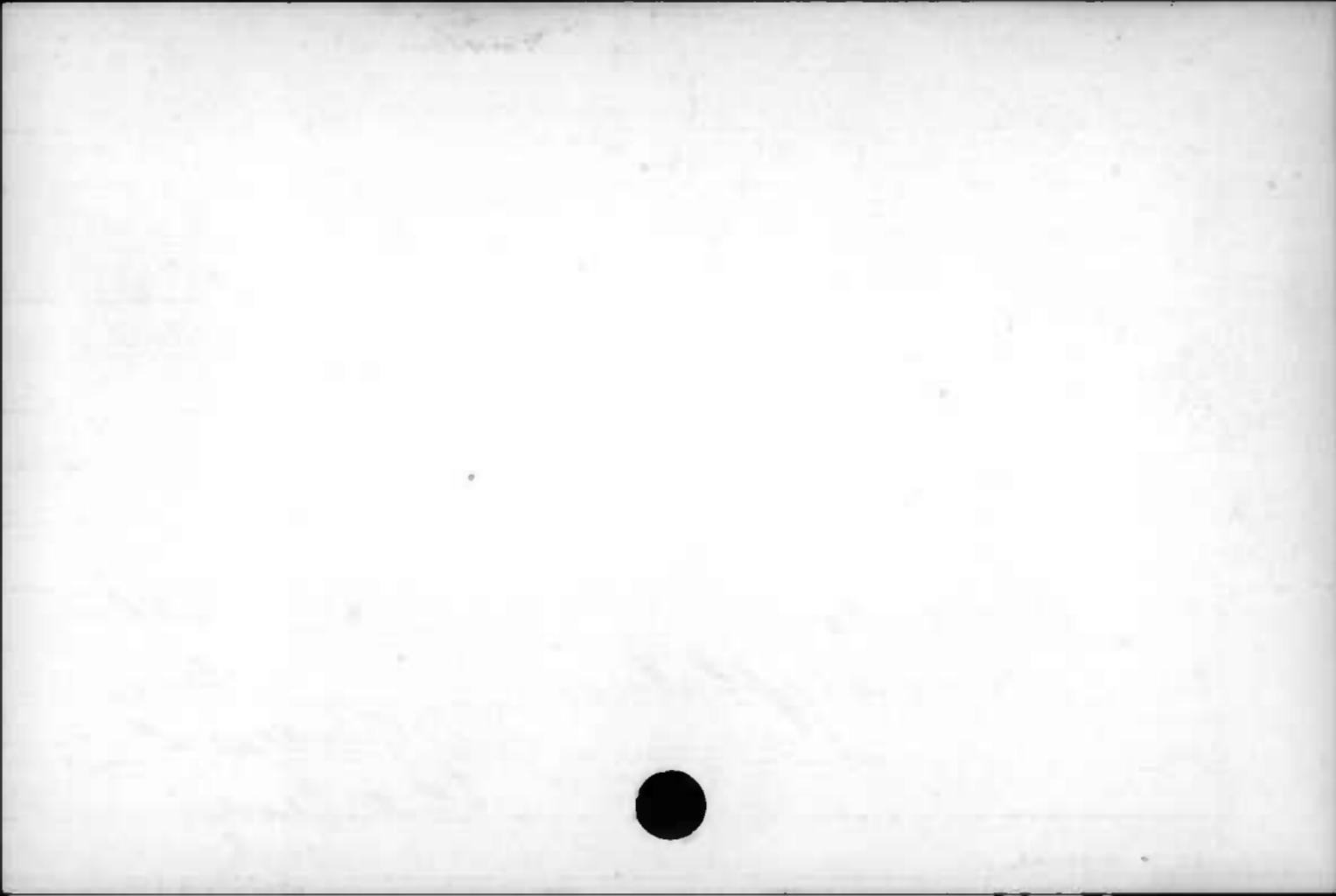
Address

W. J. Evans M.D.

No criminal tendency

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mary L Franklin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary L Franklin
Died at Town County
Died at Newark County Essex
Date Month Day Years Months Days
of death 1903 July 21 Age 2 Months 2 Days
Sex Female Color or Race white Birth-place New York
Married, Single or Widowed
Occupation

Name of Wife or Husband

Father's Name

William L Franklin

Father's Birthplace

New Jersey

Mother's Maiden Name

Mary L Campman

Mother's Birthplace

New York

Name of person giving information

William L Franklin

How related to deceased

Fund father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dysentery

14

How long

2 weeks

Immediate

Hydrocephalus

How long
4 days

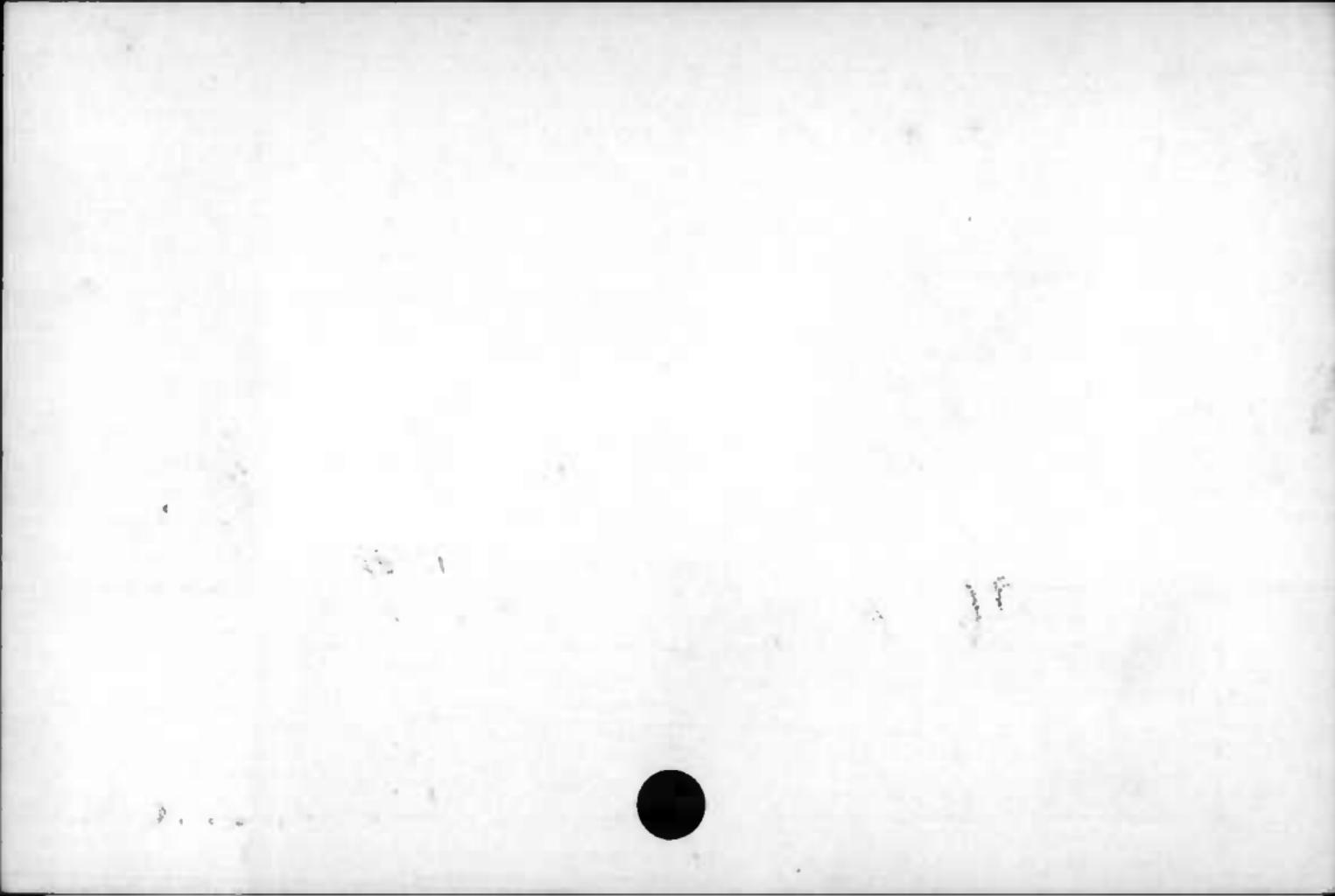
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ebe Holland
Berkeley
Md

Accident or Suicide



Name
in
Full

unnamed
Died at

GUNDY (?)

CERTIFICATE OF DEATH

Town

County

MARYLAND

Patomoke City

Worcester

Died at

Month

Day

Years

Months

Days

Date
of death

1903

July

7

Age

31

Sex

Female

Color or
Race

colored

Birth-
place

New Patomack -

Married, Single
or Widowed

infant

Occupation

infant

TO BE ANSWERED BY
NEAREST FRIEND

Name of Wife or
Husband

—

Father's
Name

Noah Gundy

Father's
Birthplace

Patumake City

Mother's
Maiden Name

Amanda Fields

Mother's
Birthplace

Name of person giving
Information

Handy Hall and

How related
to deceased

Neighbor

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inanition

15

How long

all its life

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

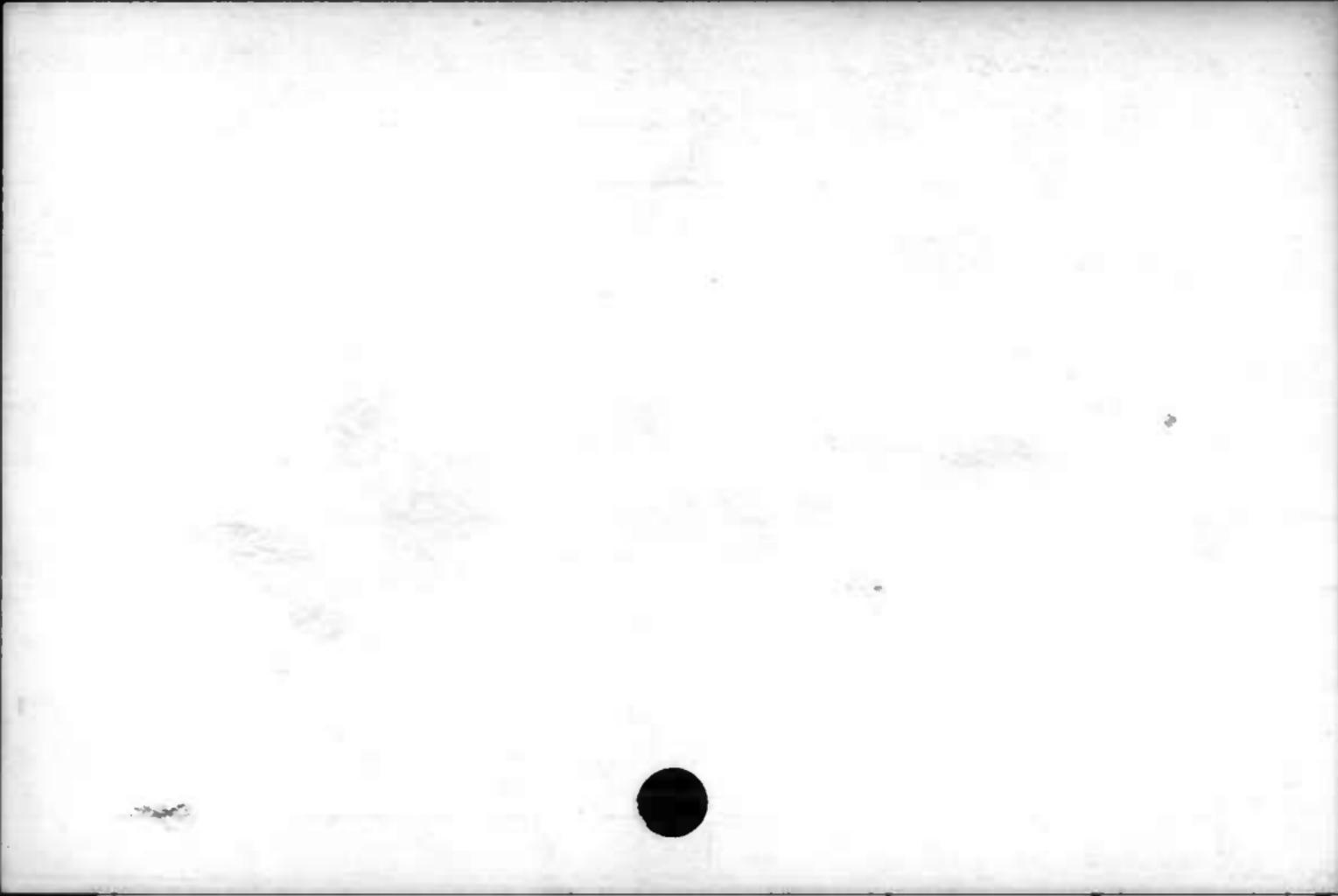
Signature of
Physician

Sam S. Lewis

Address

Patumake City Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

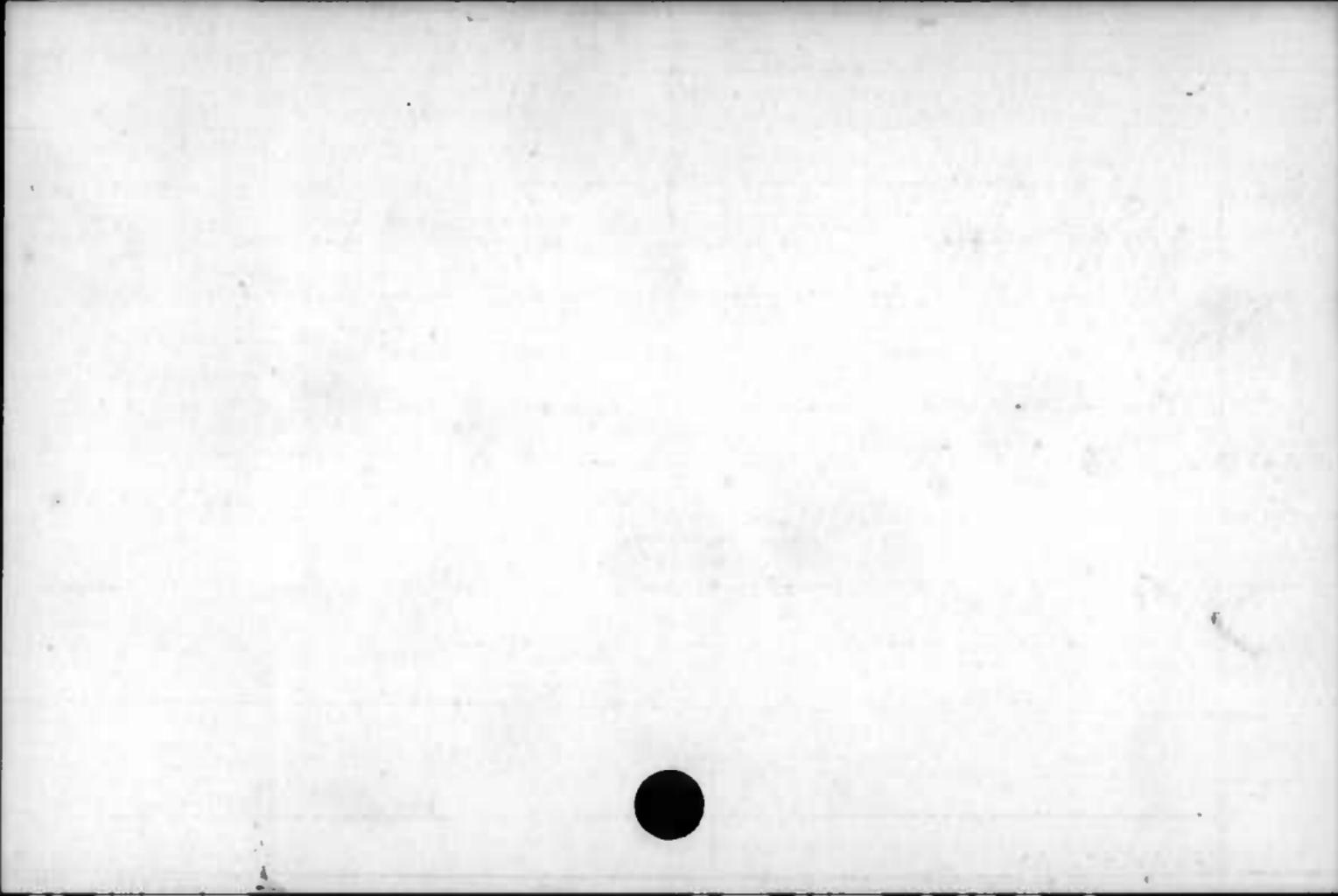
Unnamed Twins HARNIS

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1903	Month July	Day 8	Years	Months	Days	
Sex	Females	Color or Race	Age		Birth-place	Occupation	
Married, Single or Widowed	—			Palomokat			
Name of Wife or Husband	—						
Father's Name	Chas Harris				Father's Birthplace	Palomokat	
Mother's Maiden Name	Elyza Ann Blake				Mother's Birthplace	Accomacko	
Name of person giving Information	Richard Holland				How related to deceased	Neighbor	

CAUSES OF DEATH

Primary	Doubt Known		How long
Immediate	"	" 179	243 Hours How long
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician Address	Igual S. Gamm Palomokat City Md.
Accident or Suicide?			



Name
in
Full

Purnell Harris

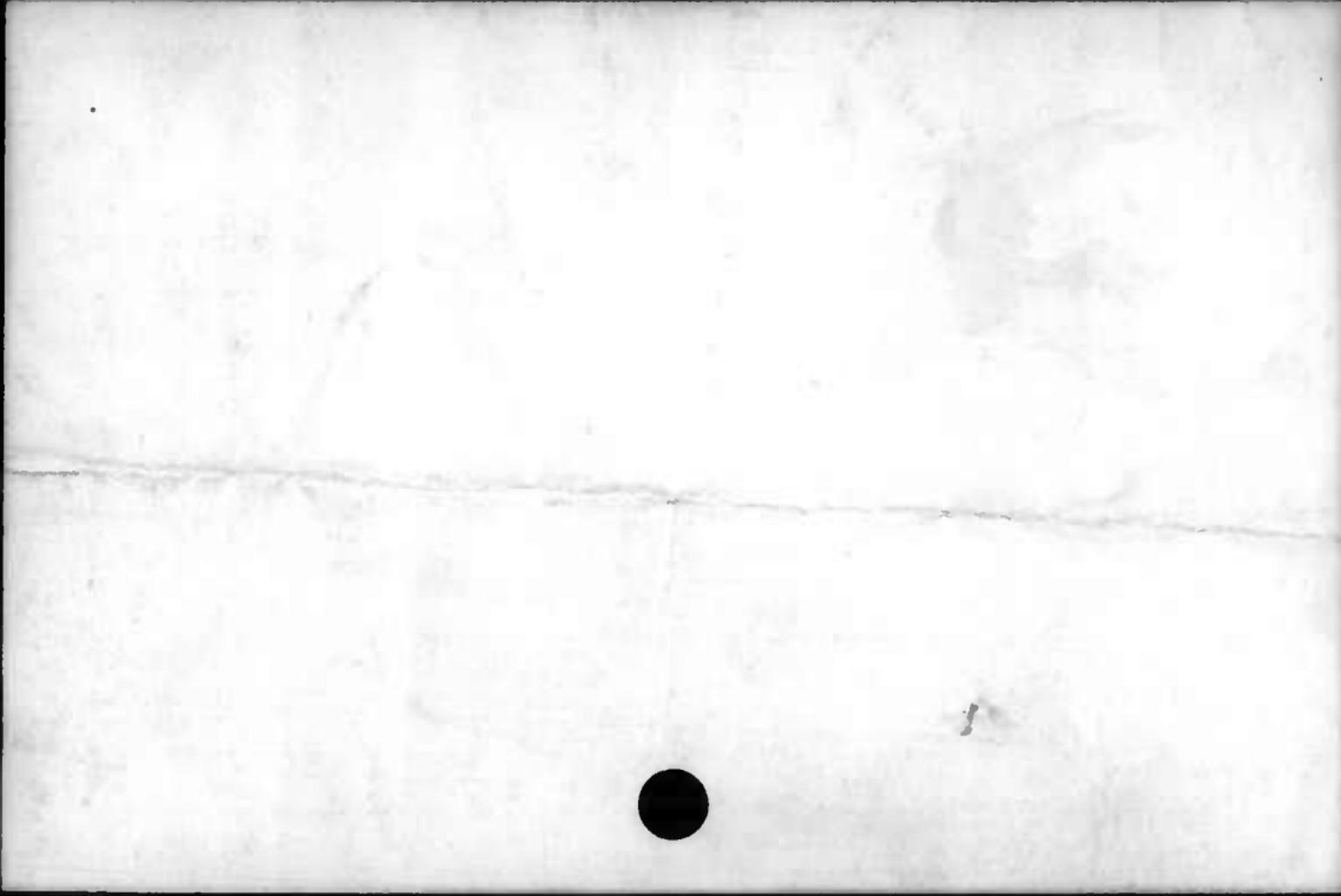
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Pocomoke City</u>		County <u>Worcester</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>July</u>	Day <u>21</u>	Years	Months <u>7</u>	Days <u>6</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Pocomoke City Md</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Purnell Harris</u>				Father's Birthplace <u>Somerset Co Md</u>	
Mother's Maiden Name <u>Etta Kelley</u>				Mother's Birthplace <u>Somerset Co Md</u>	
Name of person giving information <u>B J Kelley</u>				How related to deceased <u>Uncle</u>	

CAUSES OF DEATH

Primary <u>diarrhoea</u>	<u>105</u>	How long <u>from birth & months</u>
Immediate <u>Wasting. loss of strength</u>		How long <u>from birth</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F J Coates</u>	Address <u>Pocomoke City Md</u>
Accident or Suicide? <u>neither</u>		



Name
in
Full

David T. S. Hayward

CERTIFICATE OF DEATH

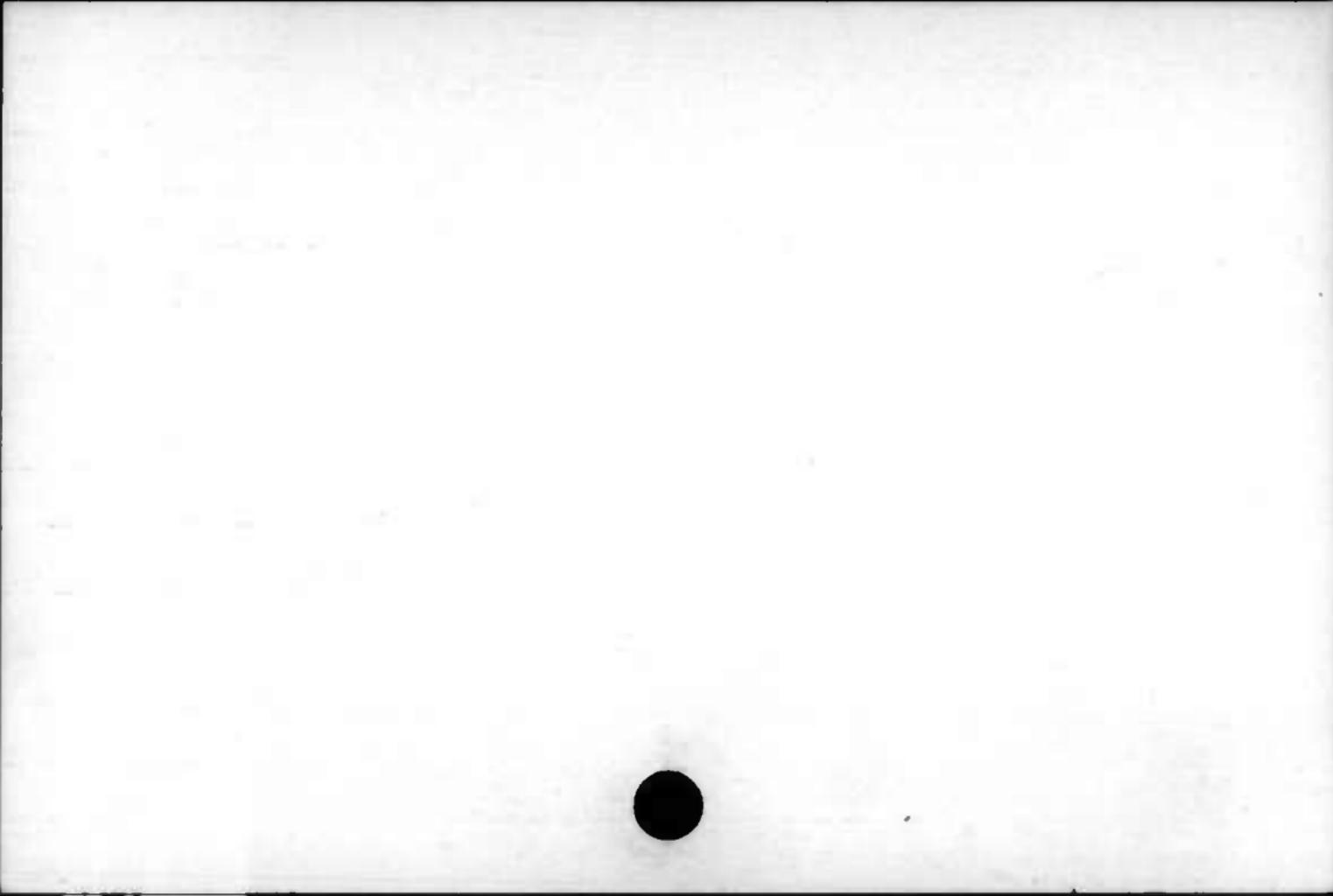
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Occupation		Birthplace		
Married, Single or Widowed	Married		Linen		Worchester		
Name of Wife or Husband	Rodia Kelly						
Father's Name	Loring				Worchester		
Mother's Maiden Name	Hannah King				Worchester		
Name of person giving information	Rodia Hayward				Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Failure 154		How long
Immediate	yes.		12 month
Are the name, age, sex, color, date and place correctly given above?	yes.		How long
			2. month
Signature of Physician	William S Williams		
Address	Worchester		
Accident or Suicide?	County Maryland		



Name
in
Full

Amanda M Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pocomoke City</u> Town		County <u>Worcester</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>July</u>	Day <u>20</u>	Years <u>54</u>	Months <u>11</u>	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Worcester Co Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Henry J Henderson</u>	Father's Name <u>Levin Merrill</u> Birthplace <u>Worcester Co Md</u>			
Mother's Maiden Name <u>Leah Howard</u>	Mother's Birthplace <u>Worcester Co Md</u>				
Name of person giving information <u>Henry J Henderson</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diseas of Heart</u>	79	How long <u>about 24 hours</u>
Immediate <u>Heart Failure</u>	79	How long <u>about six hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F J Coaster</u>	Address <u>Pocomoke City Md</u>
Accident or Suicide? <u>Neither</u>		

Name
in
Full

Mary F. Hollen

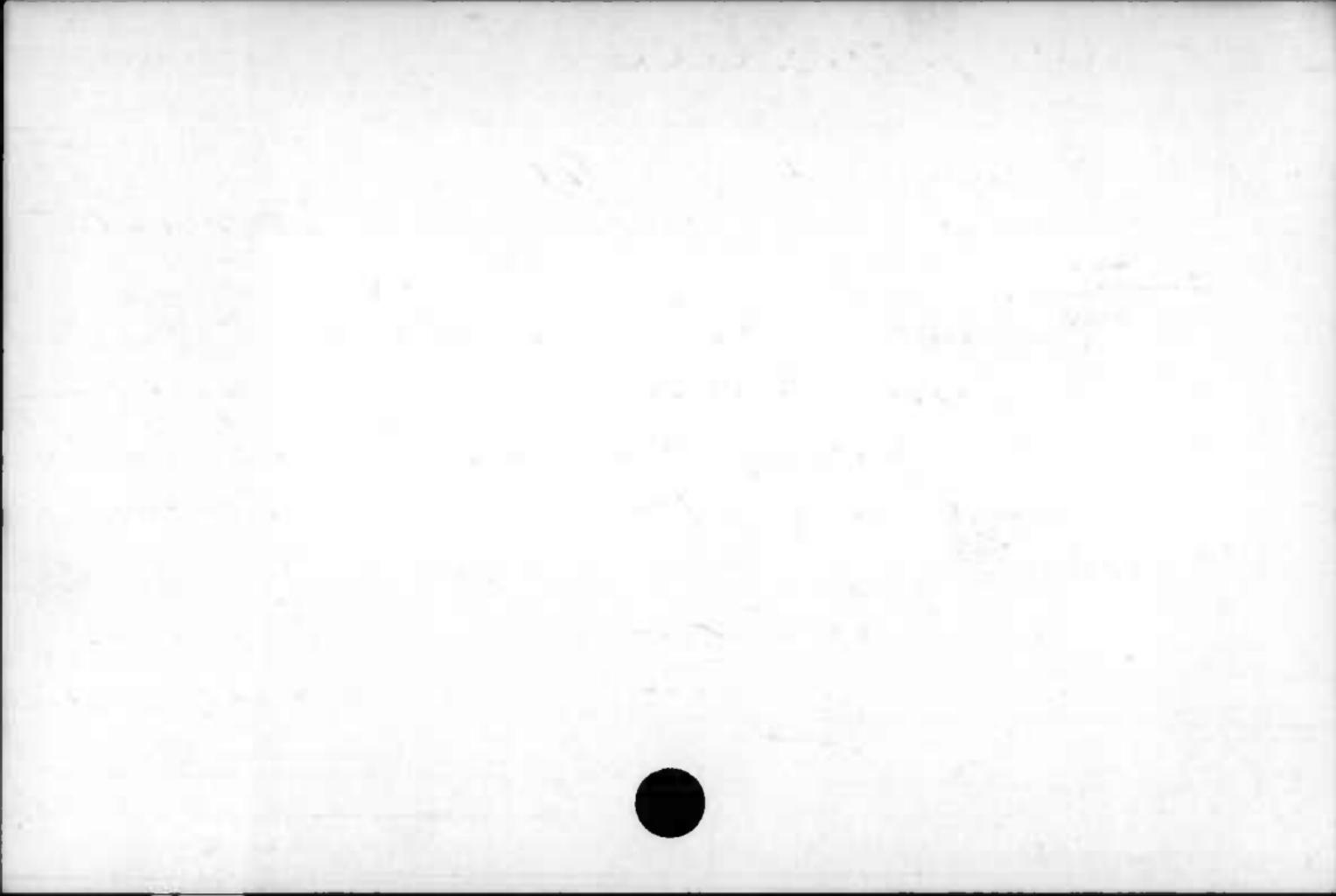
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903	Month July	Day 2	Age 61	Years	Months	Days	
Sex Female	Color or Race	White		Birth-place	Worcester		
Married, Single or Widowed		Occupation	House wife				
Name of Wife or Husband	Mary F. Hollen						
Father's Name	John Evans						
Mother's Maiden Name	Mary F. Evans						
Name of person giving information	Laubert Hollen						

PHYSICIAN
OR CORONER

Primary		CAUSES OF DEATH	
Rheumatism		How long 3 years	
Consumption		How long 3 years	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address	
Yes		27	
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
• NEAREST FRIEND

PHYSICIAN
OR CORONER

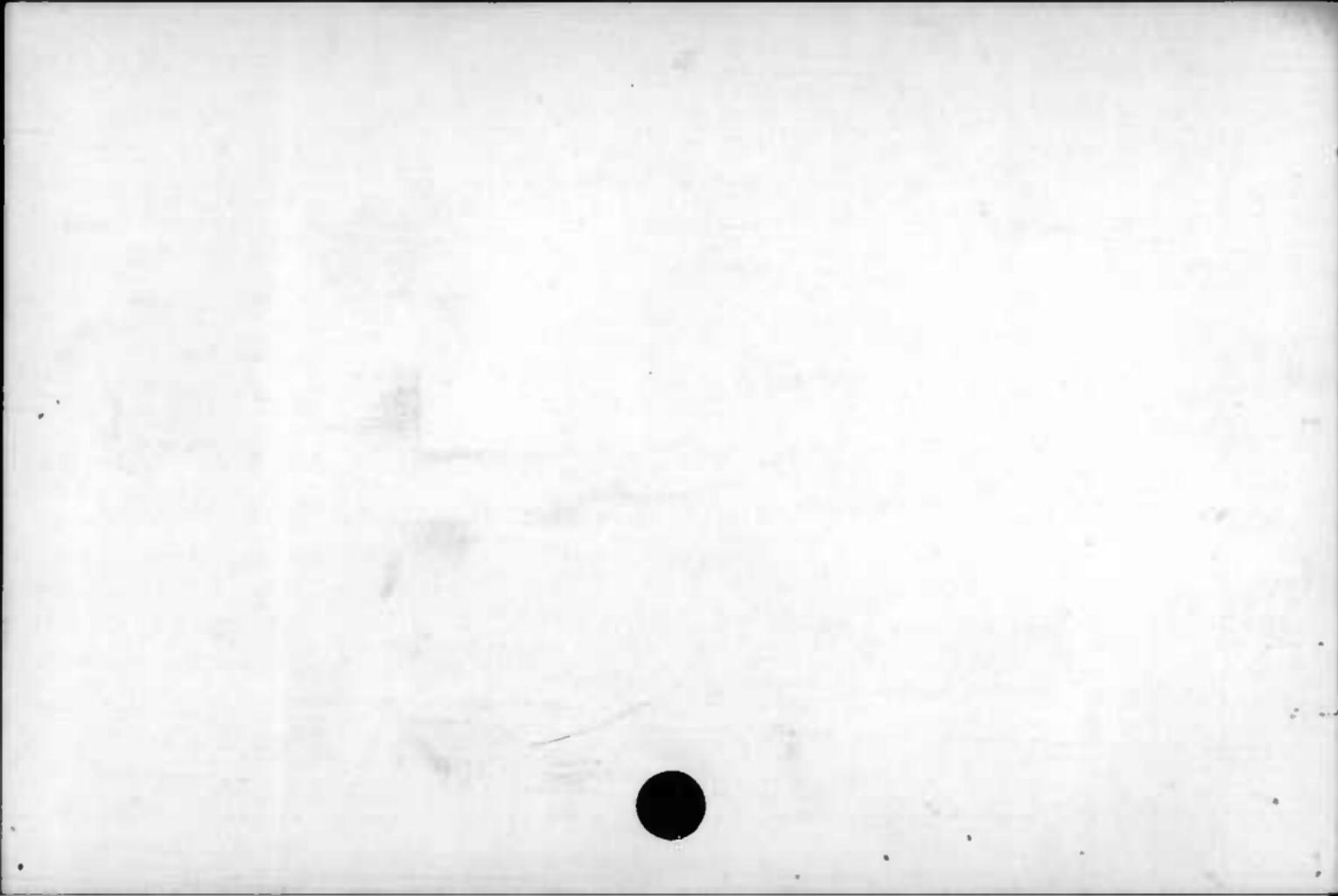
Handy Holland

CERTIFICATE OF DEATH

Died at <u>Poconos Cts</u>		Town <u>Poconos Cts</u>		County <u>Montgomery</u>		MARYLAND	
Date of death 1903	Month <u>July</u>	Day <u>10</u>	Age <u>2</u> Years	5	Months	0	Days
Sex <u>Female</u>	Color or Race <u>Negro</u>			Birth-place <u>Poconos</u>			
Married, Single or Widowed	Occupation <u>Infant</u>						
Name of Wife or Husband							
Father's Name <u>Handy Holland</u>					Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Baroline Dickerson</u>					Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Handy Holland</u>					How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

Primary	<u>Diarrhea</u>	<u>106</u>	How long <u>5 weeks</u>
Immediate	<u>Exhaustion</u>	<u>82</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Handy Holland</u>	Address <u>47 Worcester Poconos Cts Poconos Md</u>
Accident or Suicide? <u>No</u>			



Name
in
Full

(Not. Known) - Hallowed.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at Pocanoke City Town Wicesters County

MARYLAND

Date of death 1903	Month July	Day 14	Years	Months	Days 6
Sex M	Color or Race White	Birth-place Milwaukee City			

**Married, Single
or Widowed—** _____ **Occupation** _____

Name of Wife or
Husband

Father's Name Samuel S. Holland

Father's Birthplace

Mother's Maiden Name Rebecca A. Jones 03

Mother's Birthplace

Name of person giving
information

How related to deceased

CAUSES OF DEATH

Primary

Guernsey Birth [51]

How long

Immediate

"*Yrs*"

| How long

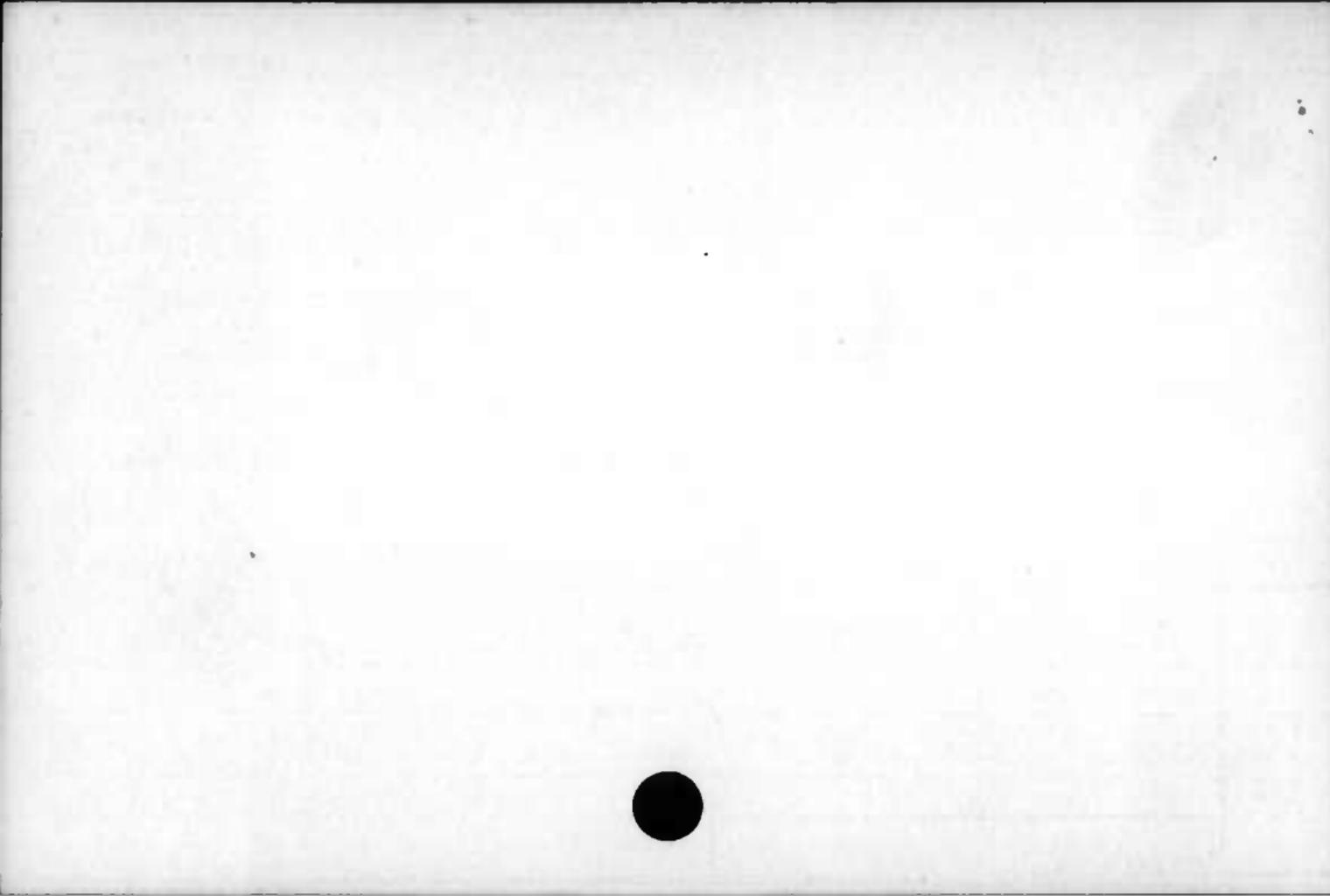
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address:

P. Lee Haas
Pocatello City, Id.

Accident or Suicide?



Name
in
Full

Yannie S. Hudson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month July	Day 17	Years 19	Months	Days
Sex Female	Color or Race White	Birth-place North Beach			
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name J. A. J. Hudson	Father's Birthplace Maryland				
Mother's Maiden Name Mary Rodney	Mother's Birthplace Maryland				
Name of person giving information Mrs. Pitts	How related to deceased Mrs.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Death	How long 14 months
Immediate Death	How long 12 months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address
Accident or Suicide? Suicide	Black circle



Name
in
Full

Michael Jeshr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mar Giraffe tree		County Worcester		MARYLAND		
Date of death 1903	Month 7	Day 30	Age 84	Years 5	Months 5	Days ✓
Sex Male	Color or Race	White	Birth- place	Virginia		
Married, Single or Widowed	Occupation		Farmer			
Name of Wife or Husband Sarah Jeshr						
Father's Name Dont know.			Father's Birthplace Virginia			
Mother's Maiden Name Dont know.			Mother's Birthplace Virginia			
Name of person giving Information James B. Fruitt			How related to deceased Son-in-Law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Old age & Dysentery

11

How long
Six 1/2 weeks.
How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

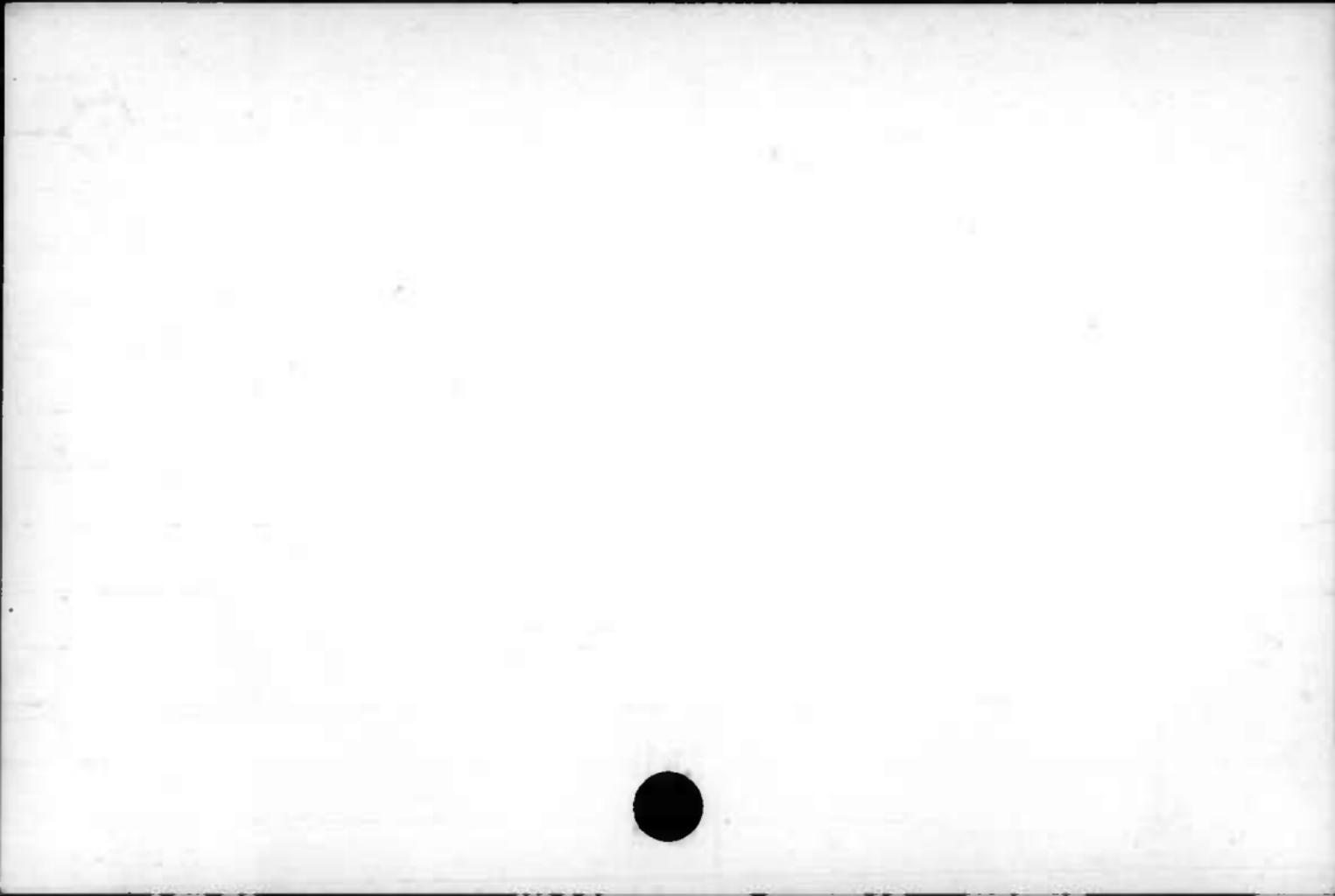
yes

Signature of
Physician

Address

Chas. H. Fruitt M.D.
Front Hill. Md.

Accident or Suicide?



Name
in
Full

Wm. P. Rayfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

	Town Died at	County	MARYLAND			
	Snow Hill	Worcester				
Date of death 1903	Month July	Day 18 th	Years Age 8	Months 3	Days	
Sex Male	Color or Race White	Occupation	Birth-place Snow Hill			
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Wm. Rayfield	Father's Birthplace	Bld.			
Mother's Maiden Name	Virginia White	Mother's Birthplace	Bld.			
Name of person giving Information	Wm. White	How related to deceased	Grandfather			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	179	How long
Immediate		How long

Are the name, age, sex, color, date
and place correctly given above?

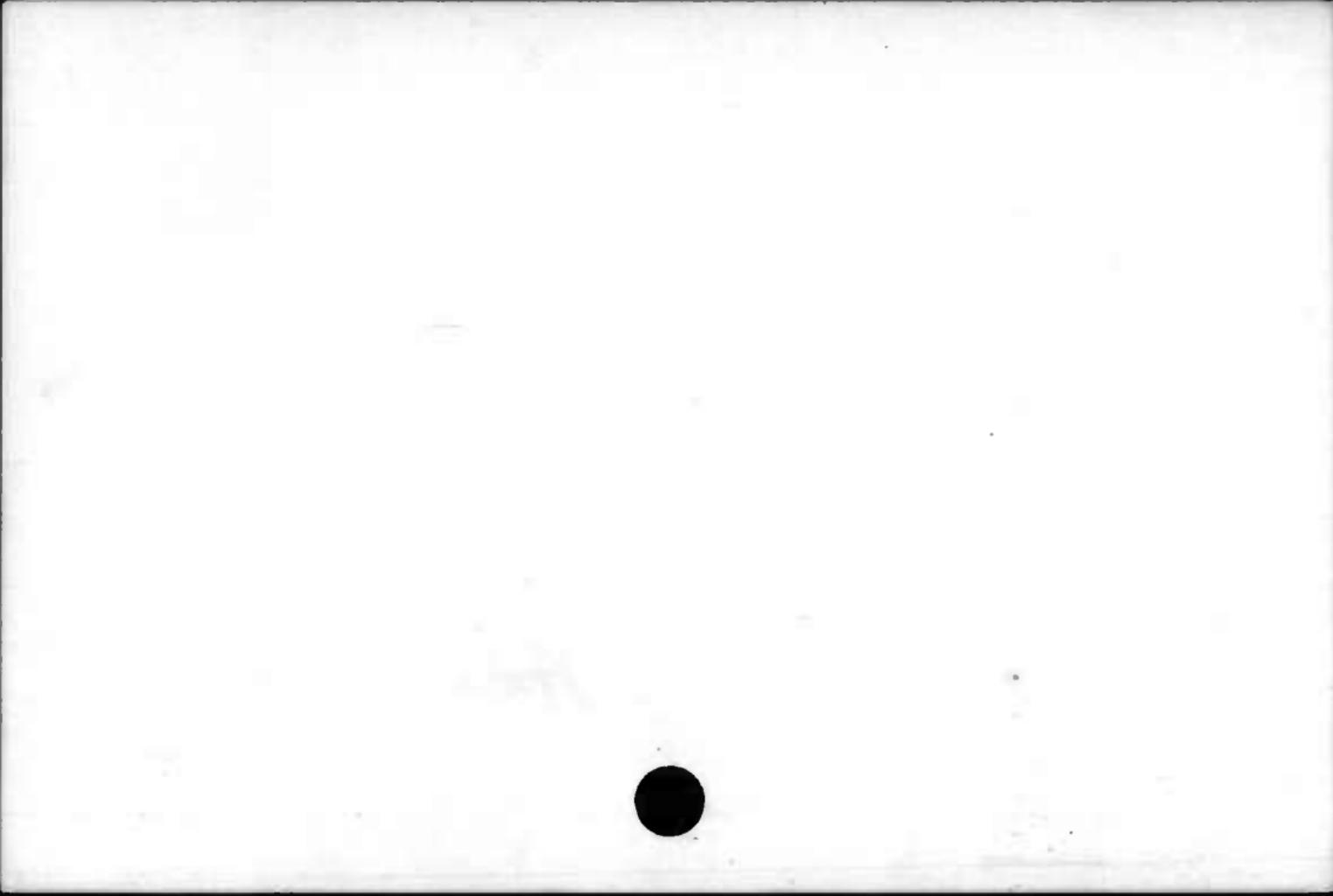
Y.E.P.

Signature of
Physician

Address

Wm. T. Snow
Snow Hill Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

No Name

Died at Berlin		Town		County		CERTIFICATE OF DEATH	
Date of death 1905	Month July	Day 4	Age —	Years —	Months —	Days —	MARYLAND
Sex Male	Color or Race African	Occupation Milkman		Birth- place Berlin			
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name Marcus McGregor					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

Primary

Too large a child & led to
shock

Immediate

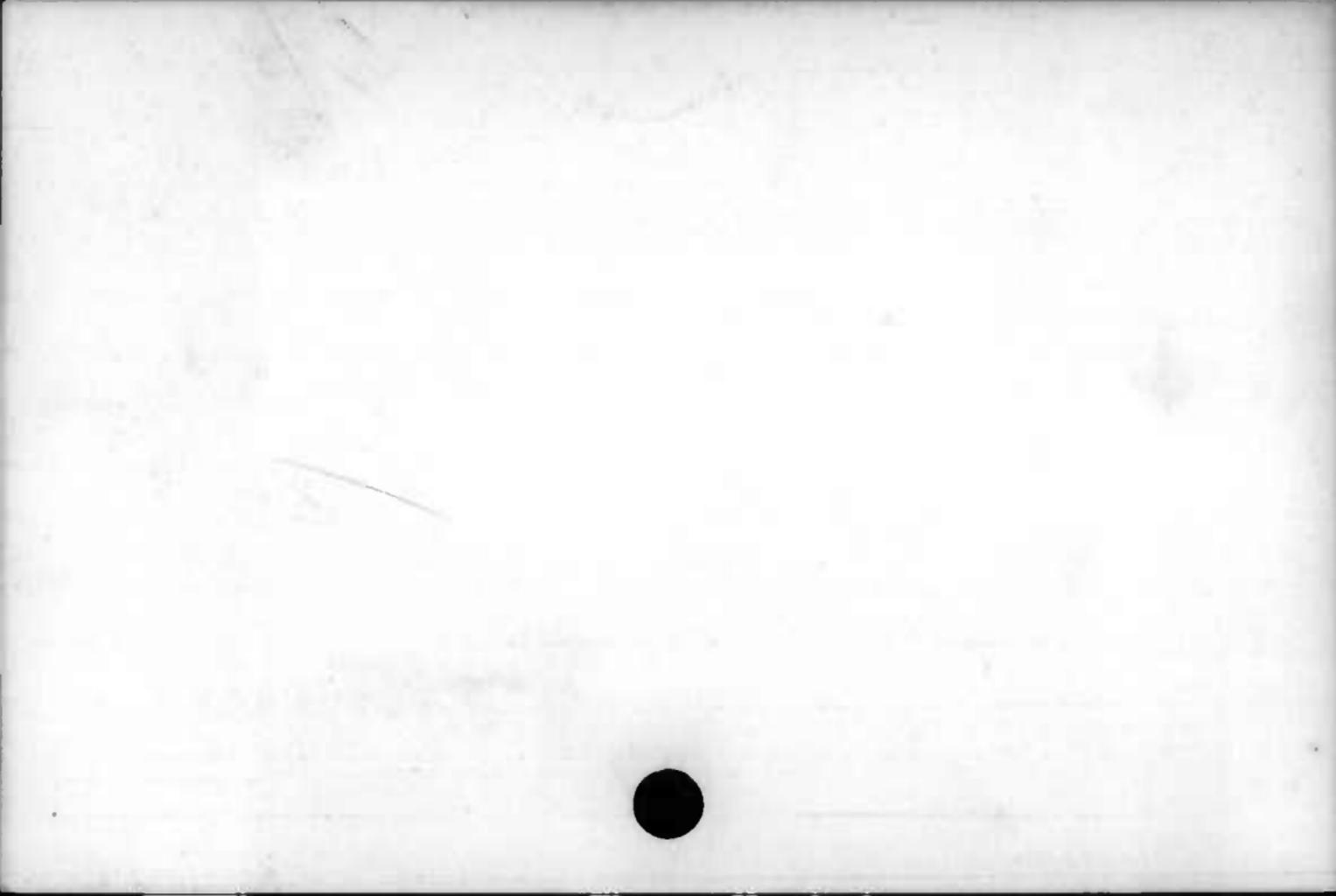
Marcus delivery
had been killed

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Sudden



Name
in
Full

Elizabeth Grace McMastix

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month 7	Day 18	Years 71	Months 9	Days	
Sex	Female	Color or Race	Caucasian		Birth-place	Pocomoke City	
Married, Single or Widowed			Occupation none				
Name of Wife Husband		Dr. John J. B. McMastix					
Father's Name		Mrs S. Stevenson			Father's Birthplace Md.		
Mother's Maiden Name		Harriet Single			Mother's Birthplace Md.		
Name of person giving Information		H. N. Willis			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of

How long

some months

Immediate

exhaustion

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

H. N. Willis

Address

Pocomoke City
Md.

Accident or Suicide?



Name
in
Full

Esther A. Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month July	Day 2	Years 77	Months 6	Days
Sex Female	Color or Race White	Birth-place Worcester Co.			
Married, Single or Widowed	Occupation	Domestic			
Name of Wife or Husband	Widow as Mrs. Mills				
Father's Name	William Bishop	Father's Birthplace	Walters		
Mother's Maiden Name	Sallie Atkinson				
Name of person giving Information	May E. Mills				
CAUSES OF DEATH					
Primary	Senility			1st	How long
Immediate	Stroke				How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	88 Elmwood Pawtucket, R. I.



Jacob. Miller

Died at	Town Pocomoke City	County Worcester	MARYLAND
Date 1903	Month 7	Day 1	Y. M. D. Native of 3 13 me
Male	White	Age Married	Occupation Divorced
Father's Female	Colored	Single	Number of children living

Husband of

Wife

Father's
Name

David Miller

Mother's
Maiden Name

Hannah Hartig

Cause of

Primary

Opium narcosis

How long sick
some days

Death

Immediate

Cerebral congestion

Accident, Suicide, Homicide

Reported by

W. N. Willis

Pocomoke City, Md.

175

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elijah Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
Sex		Color or Race	Age	Birth-place		
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information		Will Dallott		How related to deceased (Wife)		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Central Spoplyy of	How long
Immediate	Paralysis of heart	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. S. Dallott

Accident or Suicide?

Michael Foster

Infant

Died at <u>Kleg grange</u>			County <u>worcester</u>	Native of <u>MARYLAND</u>		
Date <u>1903</u>	Month <u>7</u>	Day <u>24</u>	Y. <u>dead born</u>	M. <u>and</u>	D. <u></u>	Occupation
Male	White	<u>Married</u>	<u>Widow</u>	Divorced		
Female	<u>Colored</u>	Single	<u>Widower</u>	Number of children living		
Husband of		Wife				
Father's Name <u>Parker Pruitt</u>		Mother's Name <u>Alice Larr</u>		How long sick		
Cause of Death <u>Primary</u>		<u>dead Born</u>		Accident, Suicide, Homicide		
Death <u>Immediate</u>						
Reported by <u>Konevich & Smach</u>						
Address <u>Stockton</u>						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate
derived from _____

of _____

Name
in
Full

Infant.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 190	3	Month	Day	Years	Months	Days
Sex	—	Color or Race	White	Birth- place		
Married, Single or Widowed				Occupation		
Name of Wife or Husband						
Father's Name	Mr Richardson			Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infant.	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		
Under 12 mos. & New Berlin Ind		
Address		
Accident or Suicide?		



8



Name
in
Full

No Name.

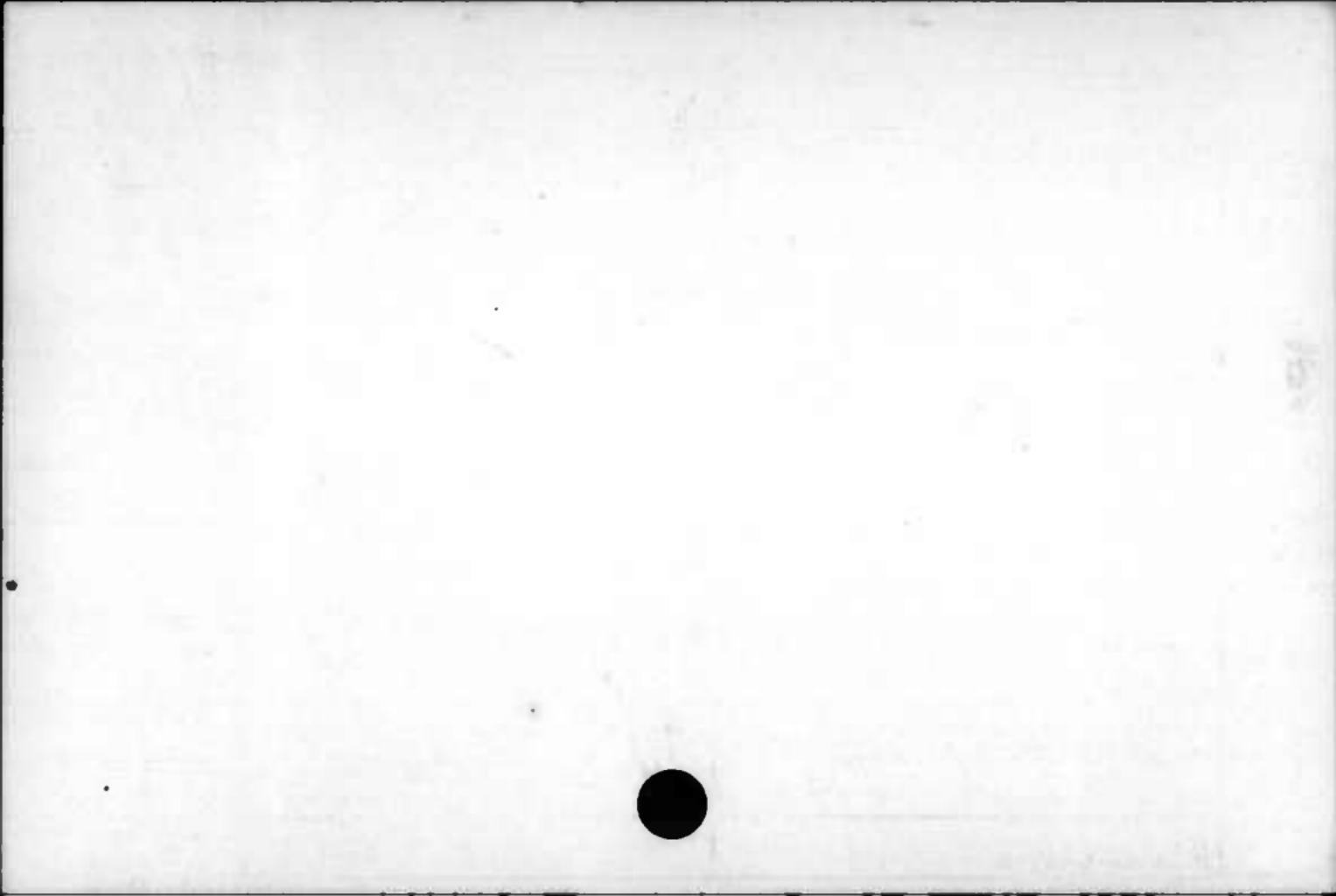
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 7	Day 4	Years	Months	Days
Sex Female	Color or Race	Occupation House	Birth- place near Berlin		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Jno Scott			Father's Birthplace	near Louisville
Mother's Maiden Name	Lucy — 108			Mother's Birthplace	
Name of person giving Information				How related to deceased	

PHYSICIAN
OR CORONER

CAUSES OF DEATH		
Primary	Obstruction of bowel, Congenital	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address
Accident or Suicide?	Ebe Holler & Berlin	



Name
in
Full

Joshua Shockley

CERTIFICATE OF DEATH

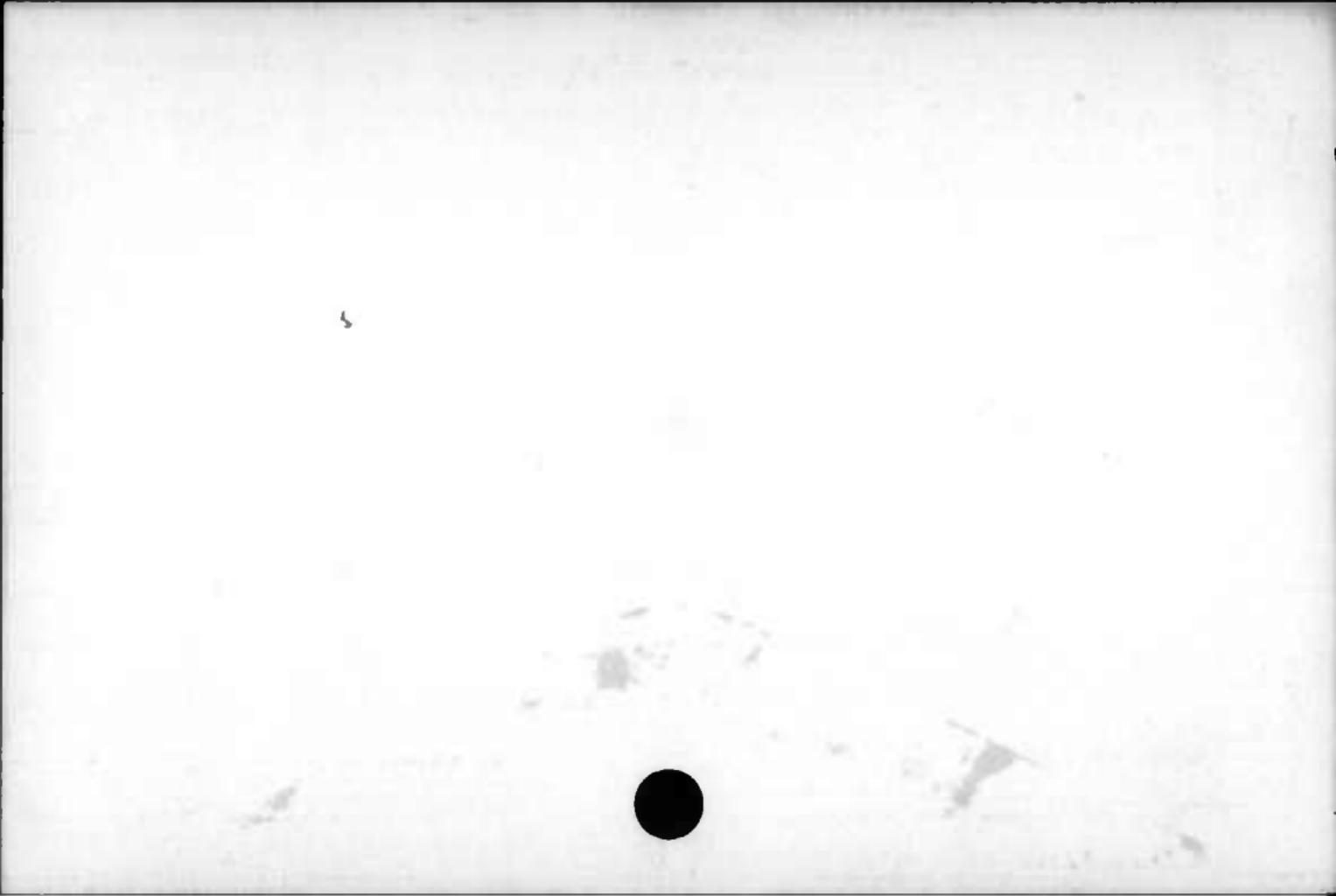
TO BE ANSWERED BY
NEAREST FRIEND

Died at near Snow Hill		Town		County		MARYLAND	
Date of death 1903	Month 7	Day 22	Age 77	Years	Months 8	Days -	
Sex Male	Color or Race white			Birth-place Md			
Married, Single or Widowed			Occupation Farmer				
Name of Wife or Husband							
Father's Name	Isaac Shockley		Father's Birthplace		Md		
Mother's Maiden Name	Mary -		Mother's Birthplace		Md		
Name of person giving Information	Isaac Shockley		How related to deceased		Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	66	How long	3 years
Immediate	Asthma	66	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Lee P. Jones	
		Address	Snow Hill Md	
Accident or Suicide?				



Name
in
Full

William Thomas Selby

CERTIFICATE OF DEATH

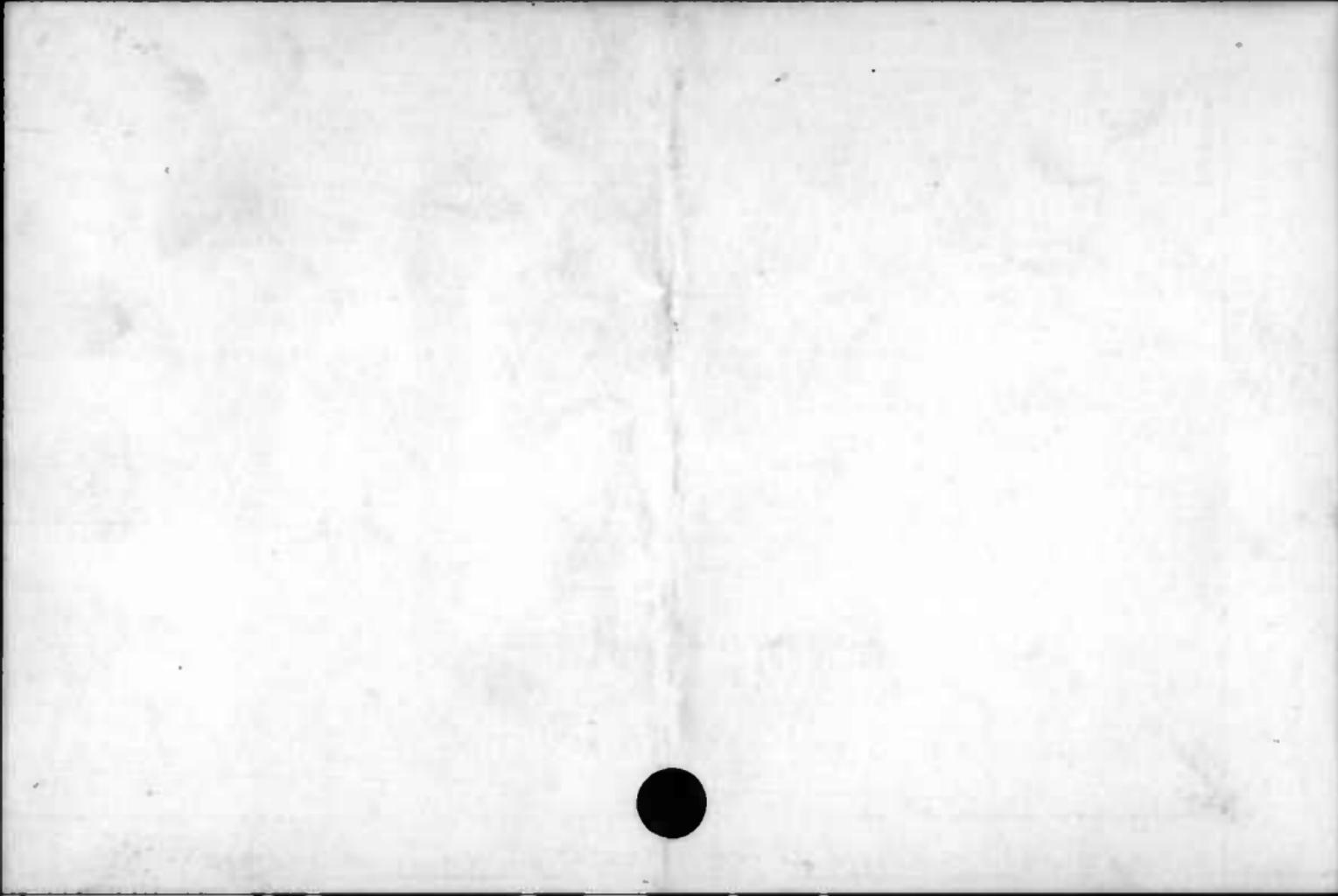
TO BE ANSWERED BY
NEAREST FRIEND

Died at Stockton		Town Worcester		County Maryland	
Date of death 1903	Month 9	Day 10	Age 1	Years 10	Months 9 Days
Sex Female	Color or Race	Black		Birth- place Stockton, Md.	
Married, Single or Widowed	Occupation				
Name of Wife or Husband	—				
Father's Name	Ed Selby		Father's Birthplace		Ind.
Mother's Maiden Name	Annie Martin		Mother's Birthplace		Ind
Name of person giving Information	John Martin		How related to deceased		Son Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	93	How long 3 days
Immediate	Endocarditis		How long 2 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician C H Bunnund
Gridlock			Address Worcester Co.
Accident or Suicide?			



Name
in
Full

Not named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Coulbournis Town			County Worcester		MARYLAND	
Date of death 1903	Month 7	Day 9	Age 1	Years 2	Months	Days
Sex Female	Color Red	White	Birth-place Coulbournis			
Married, Single or Widowed	Occupation					
Name of Wife or Husband	✓					
Father's Name	Purcell Sullivan		Father's Birthplace near Coulbournis			
Mother's Maiden Name	Sullivan		Mother's Birthplace near Coulbournis			
Name of person giving Information	Jos. C. Dickerson		How related to deceased not at all			

CAUSES OF DEATH

Primary	Cholera infantum 105	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Yes

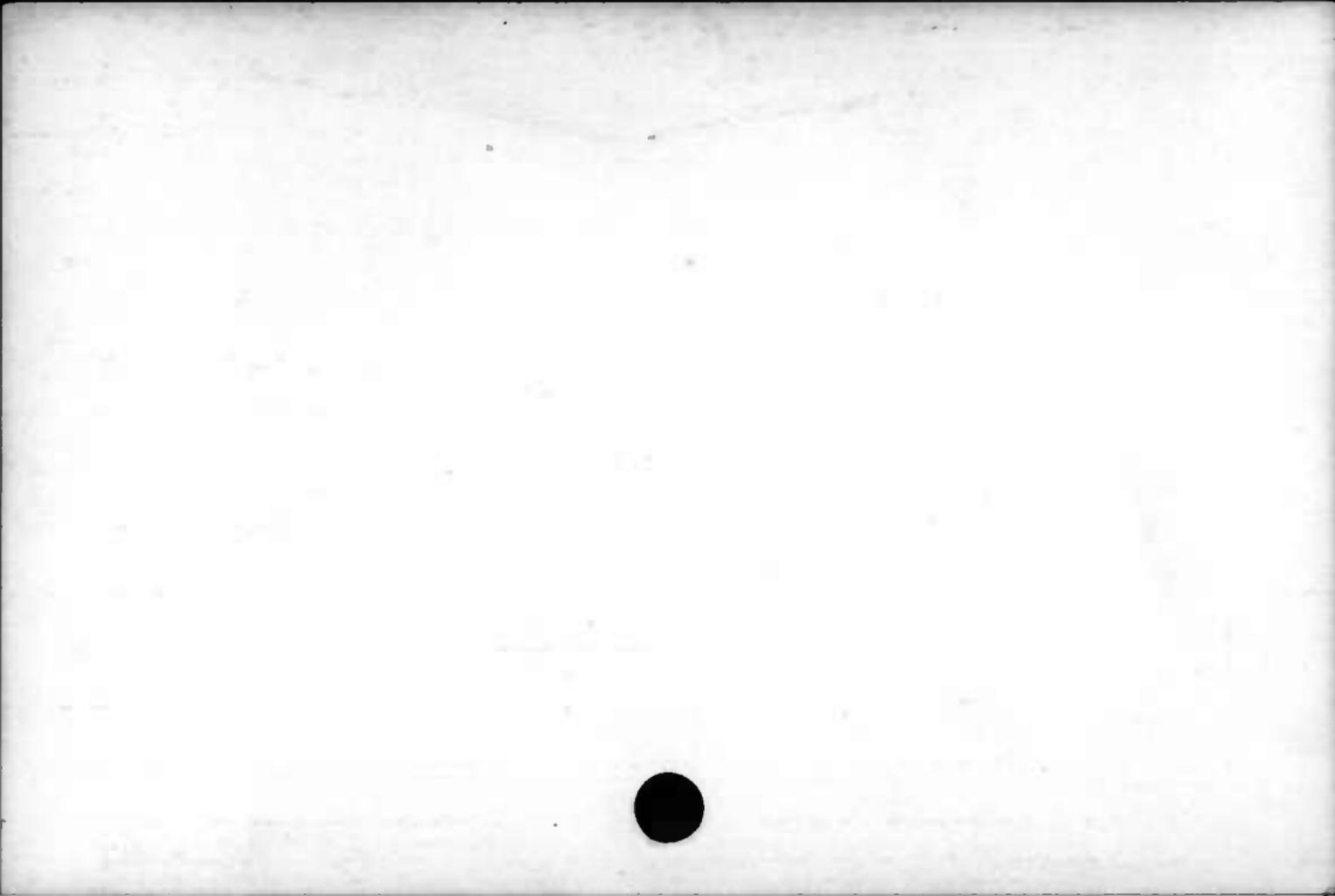
Signature of Physician

W. D. Strong M.D.

Address

Iron Hill. Md

Accident or Suicide?



Name
in
Full

Louisa Tholl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Berlin		Montgomery		MARYLAND		
Date of death	1903	Month July	Day 30	Age 55	Years 55	Months —	Days —
Sex	Female		Color or Race	Black		Birth-place	Baltimore
Married, Single, or Widowed			Occupation				
Name of Wife or Husband	Andrea Tholl						
Father's Name	Arthur Robbins			Father's Birthplace	Baltimore		
Mother's Maiden Name	Louise Robbins			Mother's Birthplace	near Baltimore		
Name of person giving information	Andrea Tholl						
How related to deceased	husband						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	179	How long about one year
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

yes

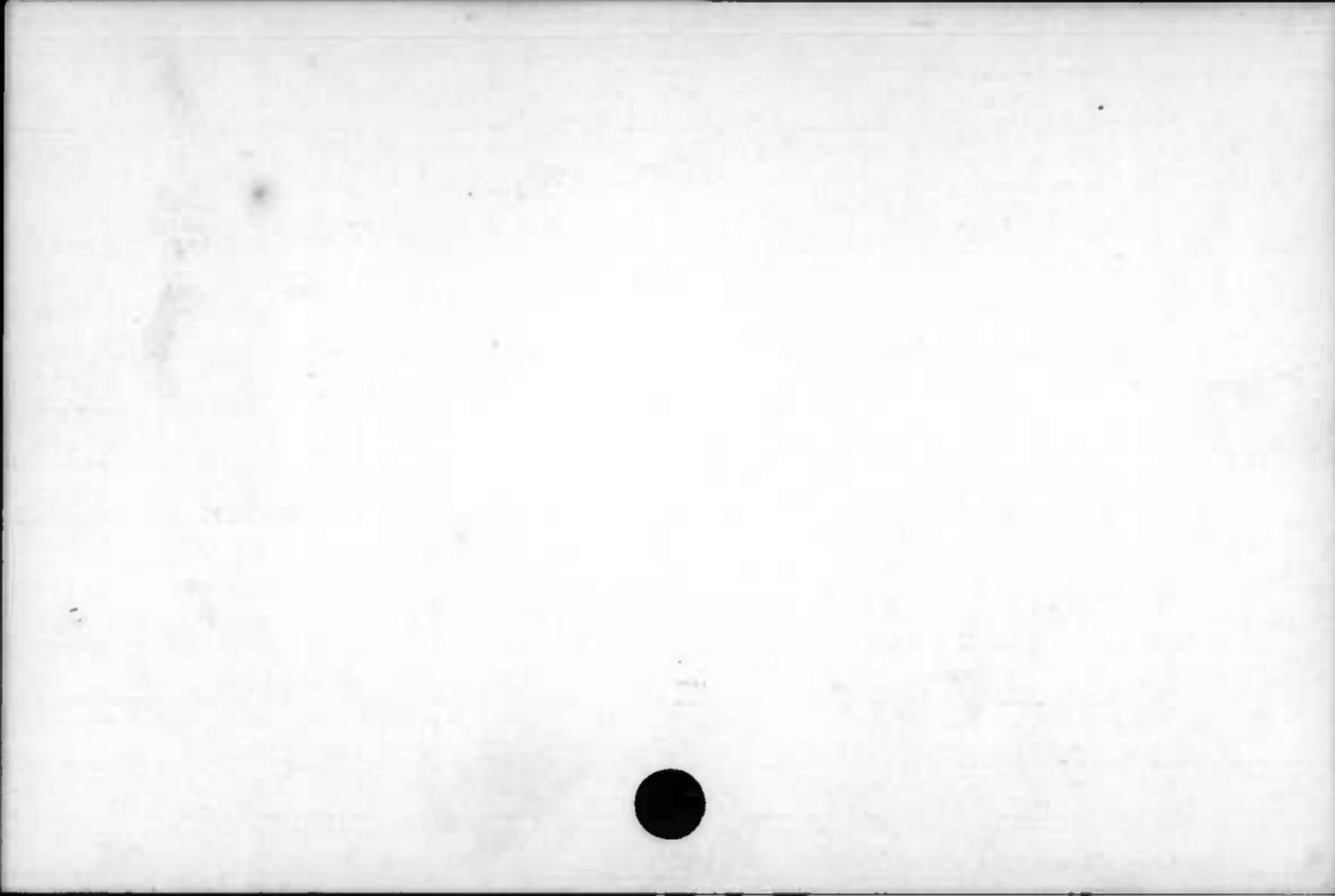
Signature of Physician

No medical attendance

Address

Accident or Suicide?

L. J. Evans & Son undertakers Berlin



Name
in
Full

Ellis B Timmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

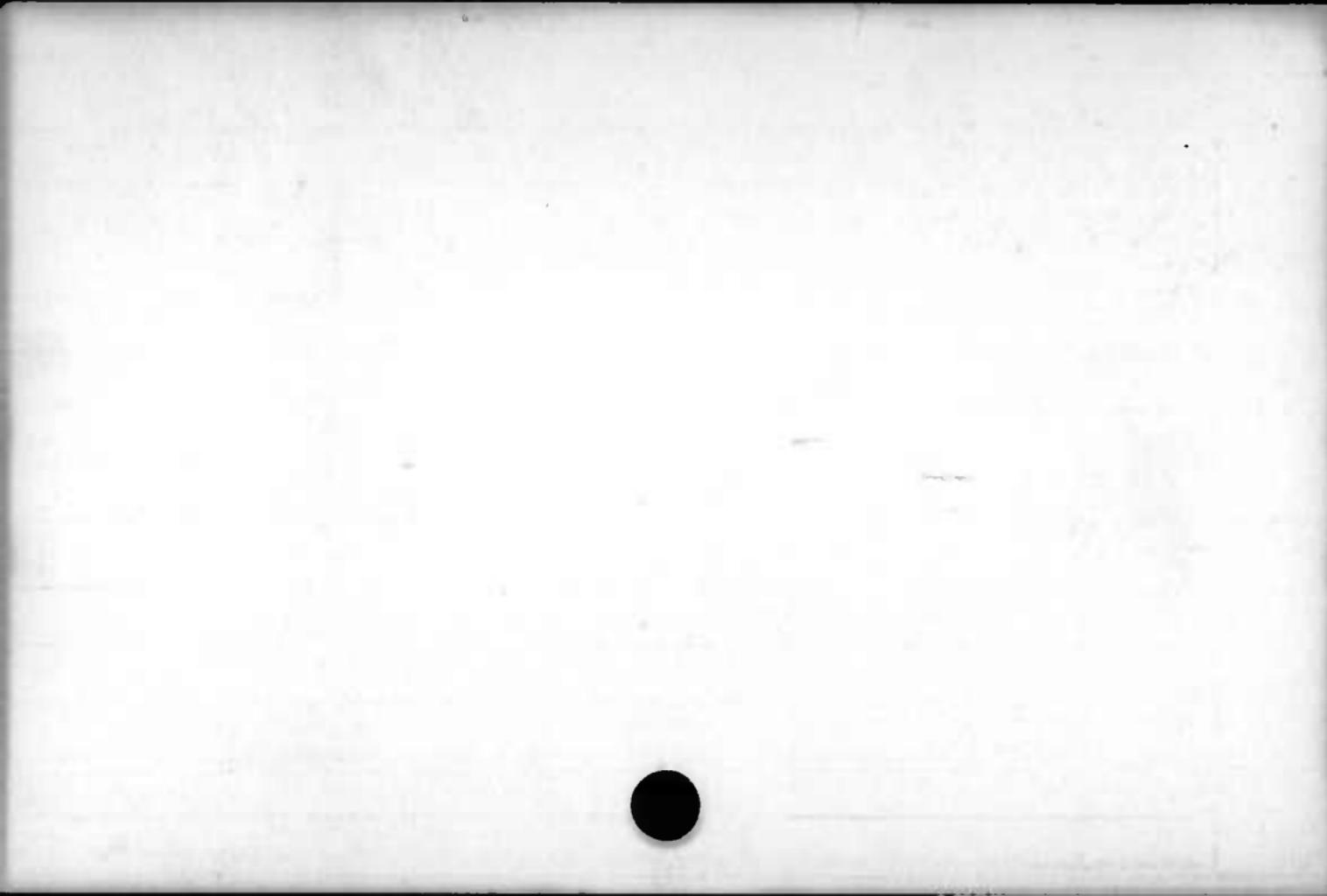
Died at ^{Town} <u>near Liberty</u>			County <u>Worcester</u>		MARYLAND		
Date of death 1903	Month <u>July</u>	Day <u>7</u>	Age <u>53</u>	Years	Months	Days	
Sex <u>M</u>	Color or Race <u>white</u>		Birth- place <u>near Berlin</u>				
Married, Single <u>Married</u>	Occupation						
Name of Wife or Husband <u>George Timmons</u>							
Father's Name				Father's Birthplace <u>Liberty</u>			
Mother's Maiden Name <u>Ellen B. Beathards</u>				Mother's Birthplace <u>near Berlin</u>			
Name of person giving Information <u>George Timmons</u>				How related to deceased <u>husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	<u>120</u>	How long
Immediate	<u>Paralysis</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Henry C. Dickson</u>	Address

Accident or Suicide?



Mary A. Tull

Died at			Town	County	Native of			Occupation	
Stockton			Worcester	Md	Widow			House wife	
Date	Month	Day	Age	Y.	M.	D.			
1903	7	18	Age	32	5	0			
Male			Married	Widower			Number of children living		
Female			Single	Widower			8		
Husband of		P. W. Tull		Mother's		Bina Rowley		How long sick	
Father's Name		John Rowley		Name		Bina Rowley		1 month	
Cause of Death		Primary		Heart failure		179		Accident, Suicide, Homicide	
Death		Immediate		Heart failure		179		Accident, Suicide, Homicide	
Reported by		Haneycz & Smack		Bina Rowley		1 month			
Address		Stockton		Md					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

seen by Doctor _____
of _____

Information contained in this certificate re-
ceived from _____

Name
in
Full

Bessie Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month July	Day Thursday	Years about 20	Months	Days	
Sex Female	Color or Race	White		Birth-place	Camptown	
Married, Single or Widowed	Occupation		Single Home Helper			
Name of Wife or Husband						
Father's Name	Mrs. B. Watson		Father's Birthplace			
Mother's Maiden Name	Fisher		Mother's Birthplace			
Name of person giving information	Charles H. Corham		How related to deceased			

CAUSES OF DEATH

Primary

Spinal Meningitis

How long

2 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

P. P. Collins
Bridgewater

PHYSICIAN
OR CORONER

Accident or Suicide?

